

# Leadership, change & quality in delivering health care

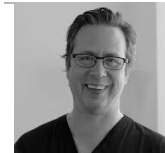
Dr Jennifer Dixon, Chief Executive, the Health Foundation

BTS Congress, 14 March 2018



# The Health Foundation

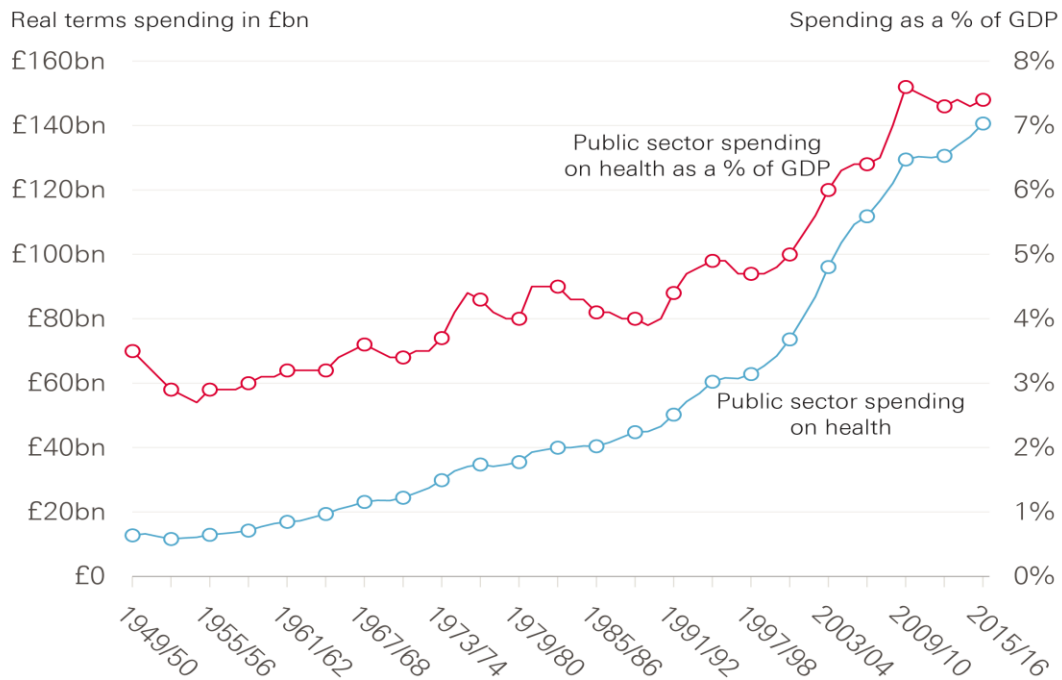
- Since 2004, the Health Foundation has invested over £150 million in the NHS to improve care
- Funded 320 clinical teams to test new ideas in the NHS (36 with surgical focus)
- Invested in 370 fellows in leadership and quality improvement.
- Funded and evaluated practical change programmes in Patient Safety, Person-Centred Care and Flow
- Funded 148 NHS Trusts and 780 General Practices in England
- As well as enabling local change and learning, projects and fellows have spread nationally and internationally, influenced clinical guidelines and practice, and national policy.



# Financial squeeze

## UK public spending on health

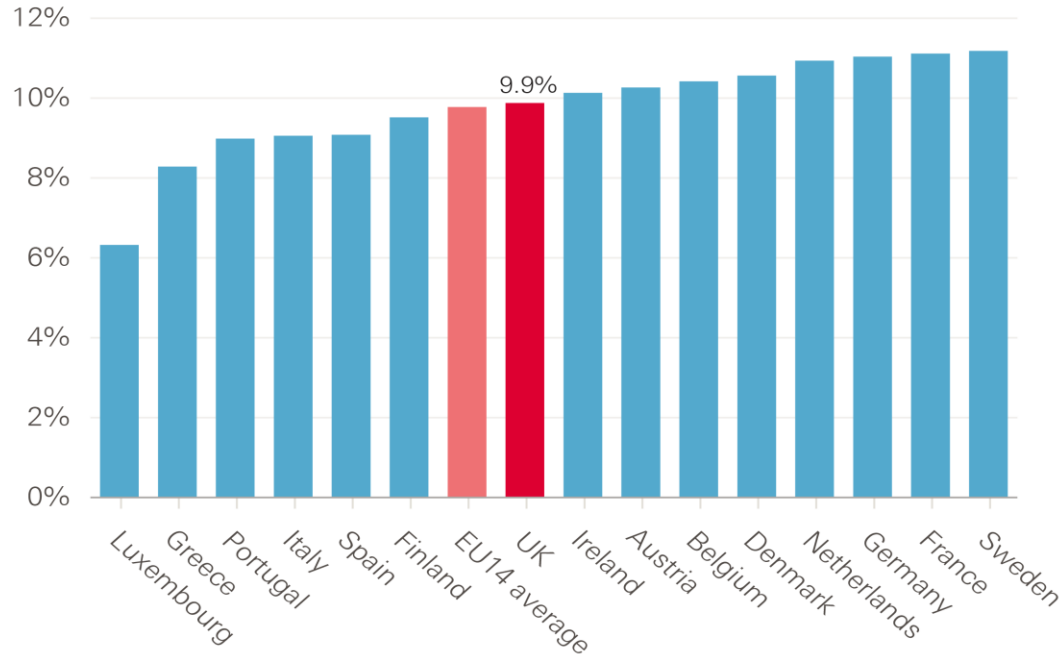
Spending in real terms and as a percentage of GDP, 1949/50–2015/16



# EU average share of spending

## UK spending on health

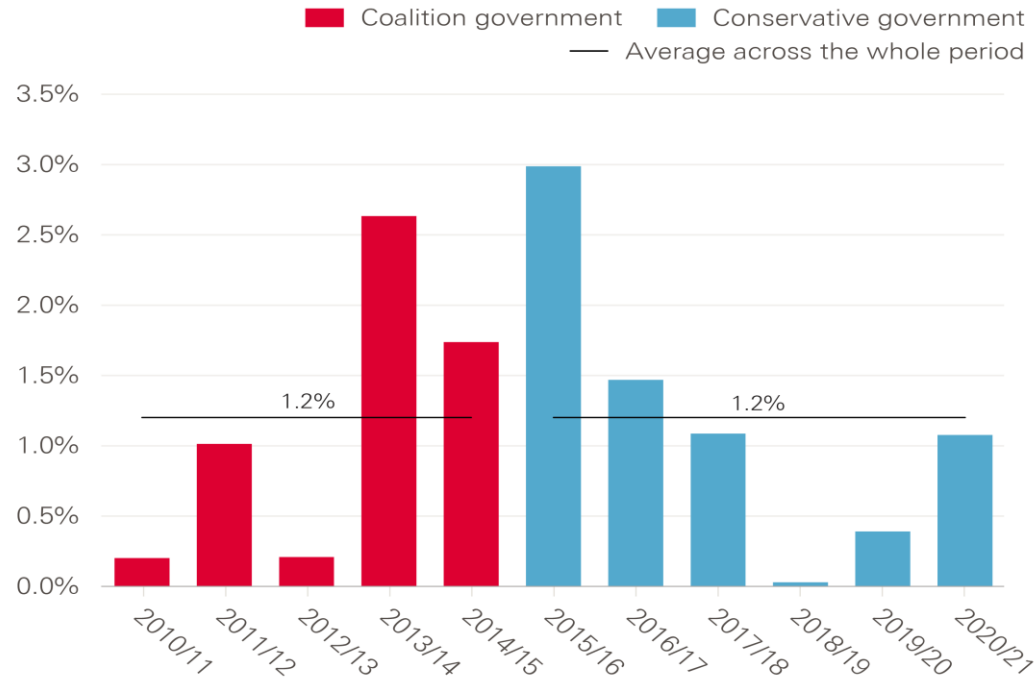
Spending as a percentage of GDP, compared to other EU countries



# Financial squeeze this decade

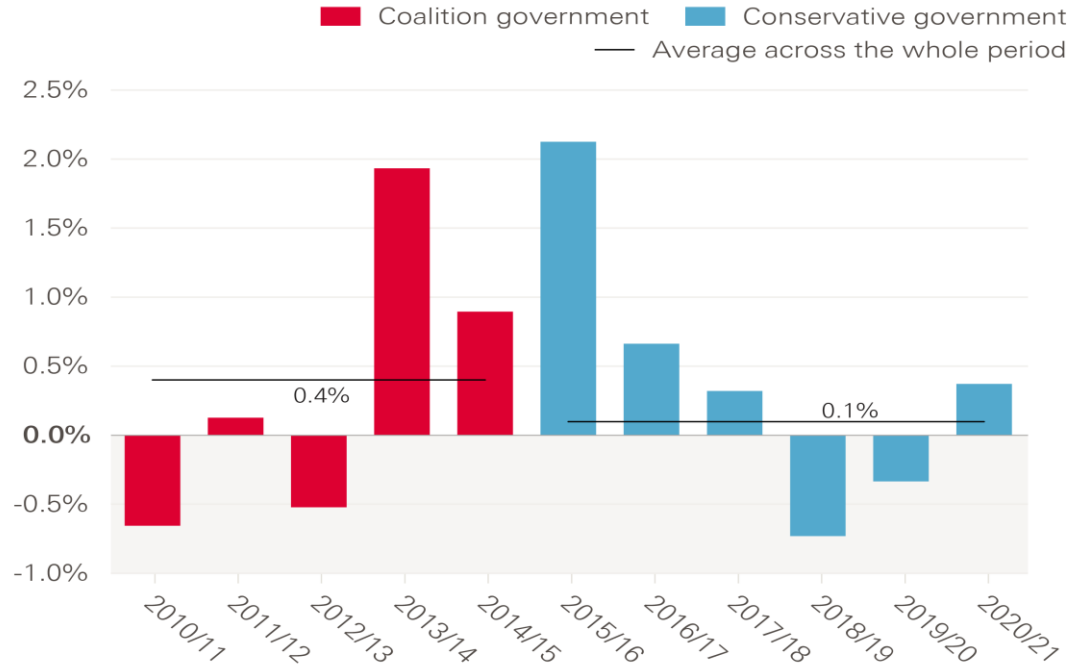
## Change in total NHS spend

Annual and average change in spend in England, 2009/10–2020/21



# Per capita squeeze this decade

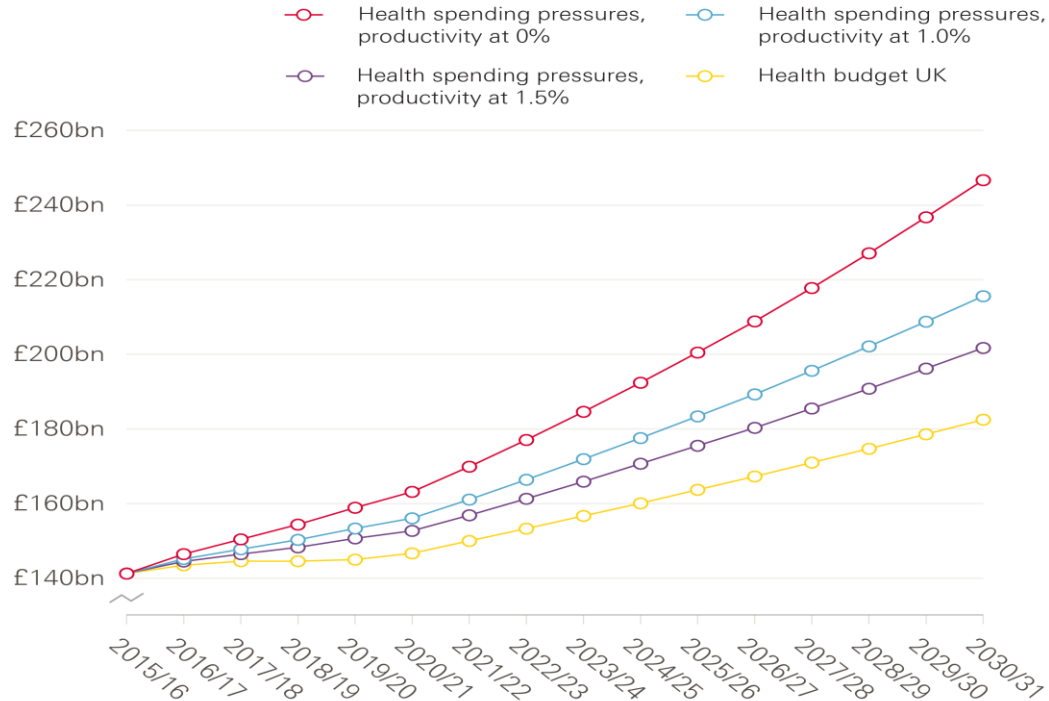
Change in total NHS spend per head  
Annual and average change in spend in England, 2009/10–2020/21



# Funding gap to 2030

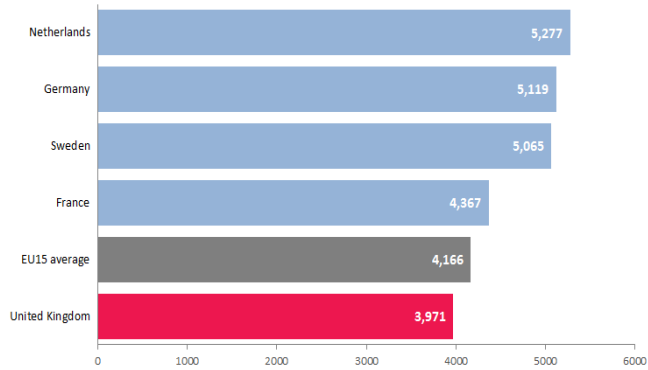
## NHS funding gap, 2015/16–2030/31

Gap in NHS funding depending on various productivity scenarios

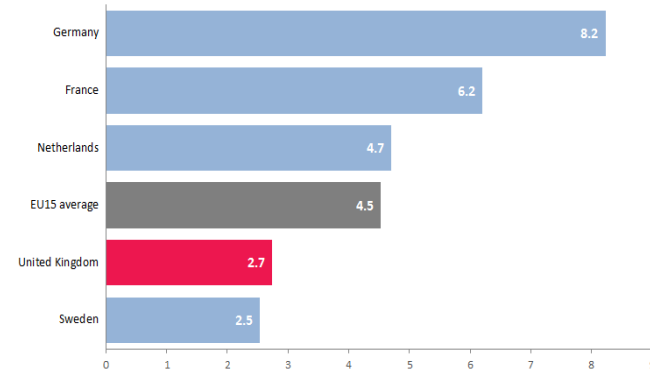


# International comparisons 2014

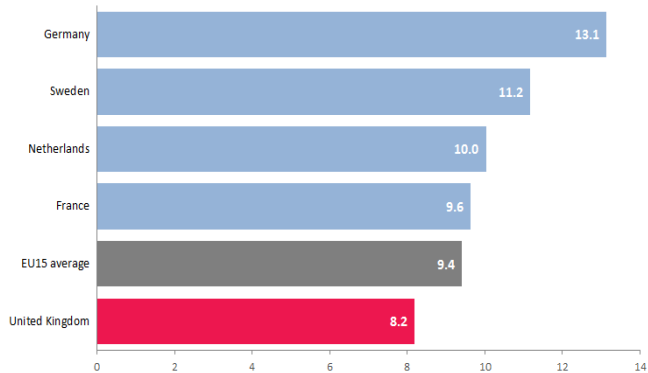
**Spending on health per person**  
(US\$ purchasing power parity, 2014 or nearest year)



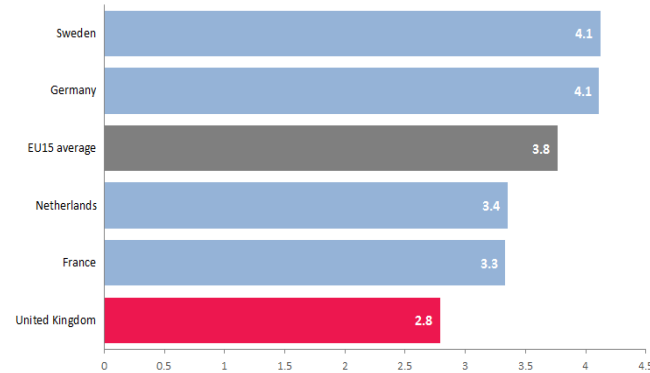
**Hospital beds**  
(per 1000 people, 2014 or nearest year)



**Nurses**  
(per 1000 people, 2014 or nearest year)

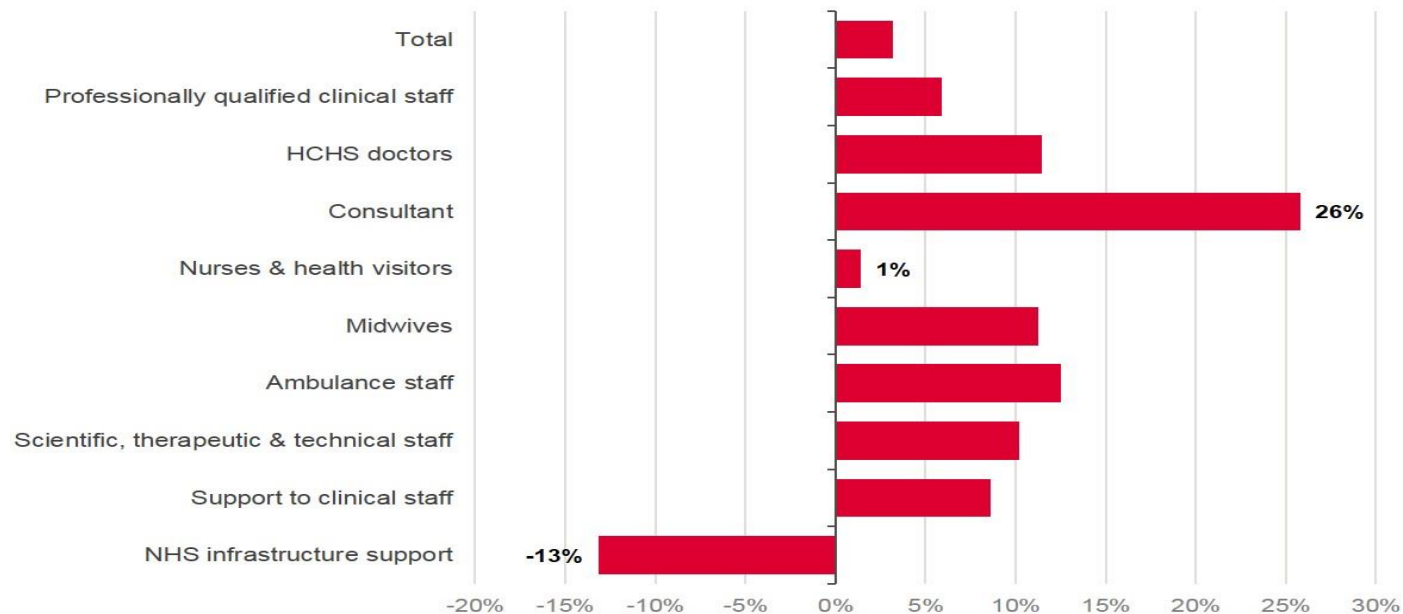


**Doctors**  
(per 1000 people, 2014 or nearest year)





# Change in the number of full-time equivalent staff by occupational group, March 2010–2017



# UK comparative health performance (OECD)

EU15 rank	Life expectancy at birth - men	Life expectancy at birth - women	Life expectancy at 65 - men	Life expectancy at 65 - women	Mortality from cardiovascular diseases	Smoking in adults	Alcohol consumption	Obesity in adults	Overweight and obesity in children	Asthma and COPD hospital admission	Diabetes hospital admission	Case fatality for AMI (admission based) <sup>2</sup>	Case fatality for ischaemic stroke (admission based) <sup>2</sup>	Cervical cancer survival	Breast cancer survival	Colorectal cancer survival
1																
2																
3											UK					
4					UK											
5																
6	UK															
7			UK				UK									
8																
9						UK						UK				
10													UK			
11										UK				UK	UK	UK
12																
13				UK												
14		UK							UK							
15								UK								

<sup>1</sup> The UK is one of several countries where adult obesity data is based on measured height and weight, which results in more accurate data and higher obesity rates than countries that use self-reported height and weight.

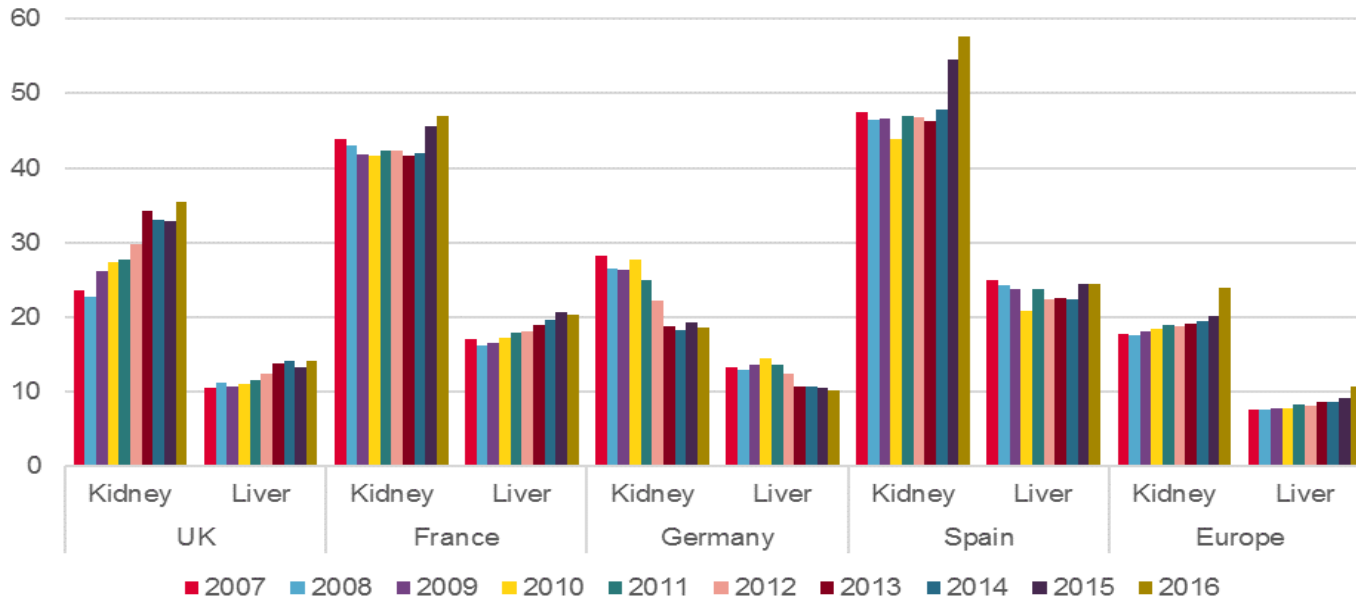
<sup>2</sup> All countries report childhood obesity using measured data, but do not all measure the same age groups.

<sup>3</sup> Of the EU15, Greece does not report data on asthma and COPD hospital admissions, diabetes hospital admissions or case fatality rates for AMI and ischaemic stroke.

<sup>4</sup> Of the EU15, France, Greece, Luxembourg and Spain do not report survival rates for cervical, breast and colorectal cancers.

# Kidney and liver transplants

Kidney and liver transplants from deceased donors. Rates per million population, 2007-2016.



Source: Data of the WHO-ONT Global Observatory on Donation and Transplantation, 2016.

# Reforms: Current approach (England)

Targets

Incentives

Regulation

Investment

Support



Main elements:

## STPs and control totals

## Boosted primary, community preventive public health services

## Integrated care models

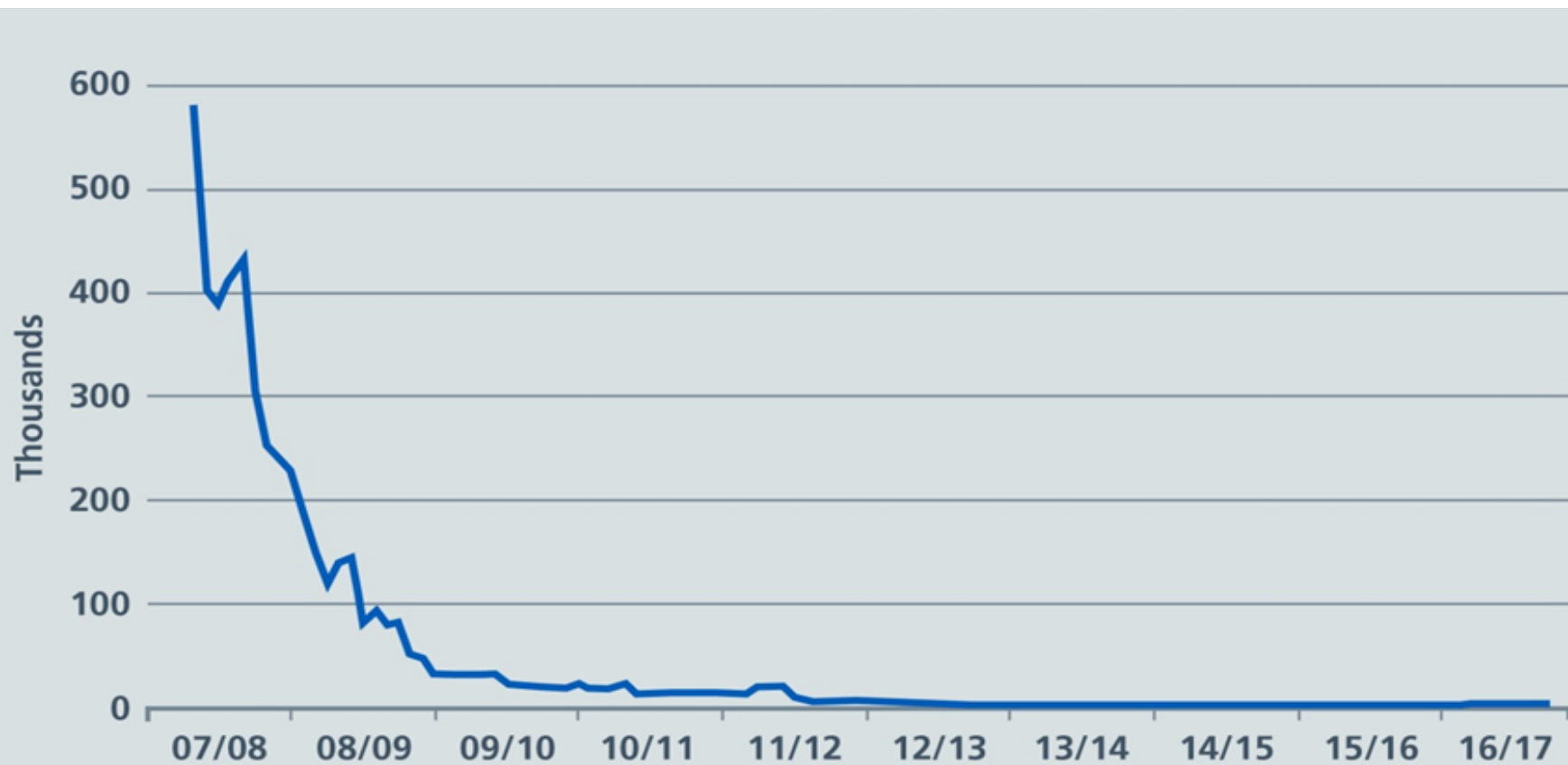
## Improvements in key clinical areas:

- Mental health
- Cancer
- Urgent & emergency care
- Primary care

## 10 point efficiency plan

- Free up hospital beds
- Agency bills
- Procurement
- Pharmacy bills
- **Reduce demand**
- **Reduce variation**
- Infrastructure
- Admin costs
- Income owed non UK
- Financial discipline Trusts

# Number of people waiting over 1 year for NHS hospital treatment, England



Source: Published Consultant-led Referral to Treatment Waiting Times

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# Larger scale transformation: some assumptions

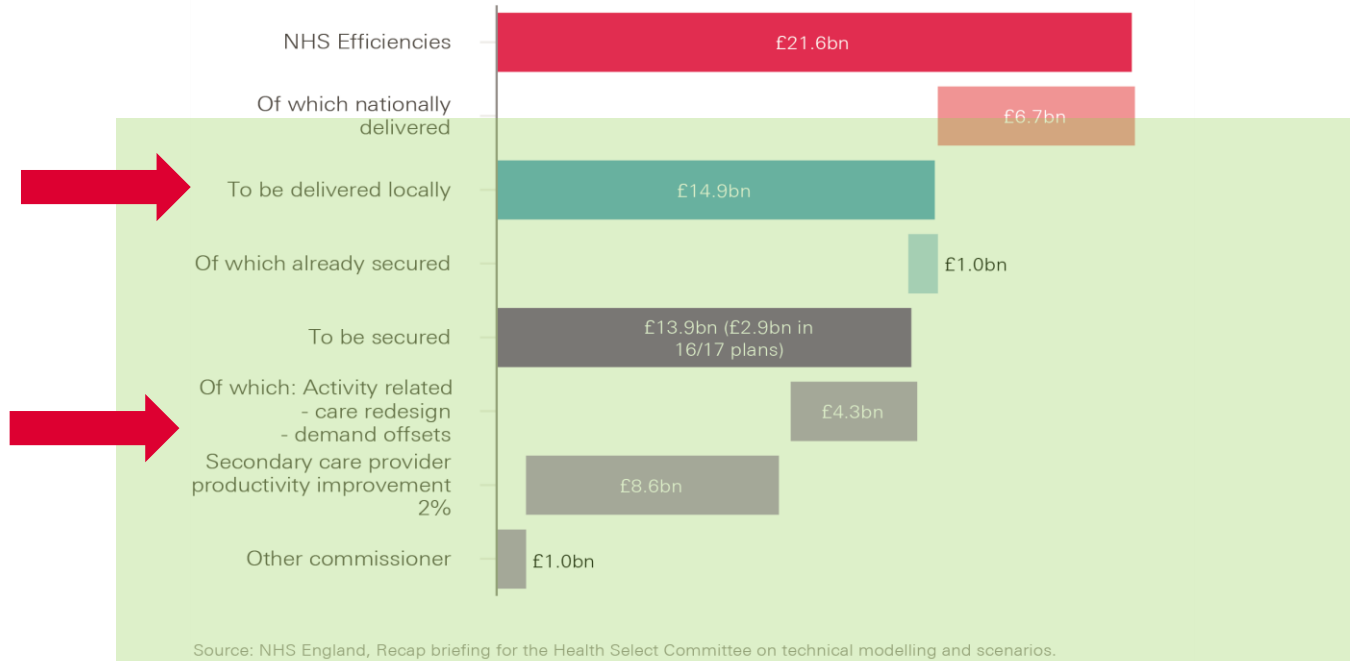
“ Unfreeze, redesign, refreeze”

“ Major change occurs following ‘big’ reforms / moonshots / restructures/  
technology/...”

“ Calculated higher (bold) risk...”

“ Push, roll out”

# Sources of the proposed £22bn 'gap' as at the beginning of 2016/17



# Smaller scale transformation

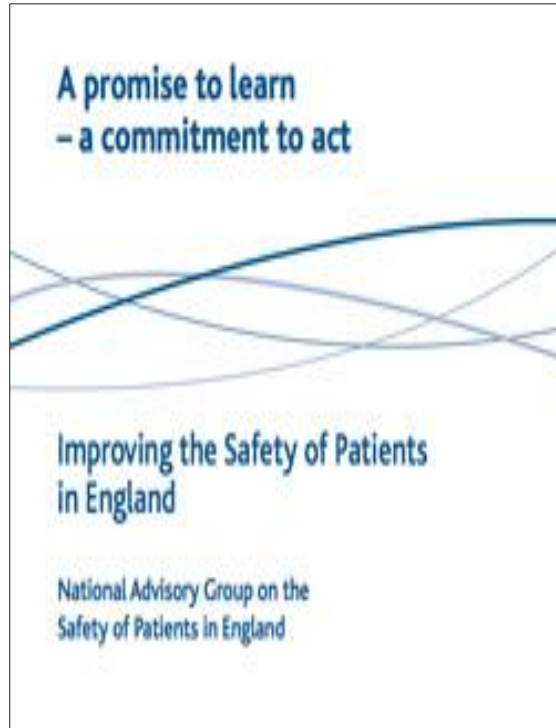
*“Lasting transformation requires the relentless hard work of local operational redesign”*

*“ Organisations’ delivery of care is ultimately governed by structures and processes at the ward, clinic, or practice level”*

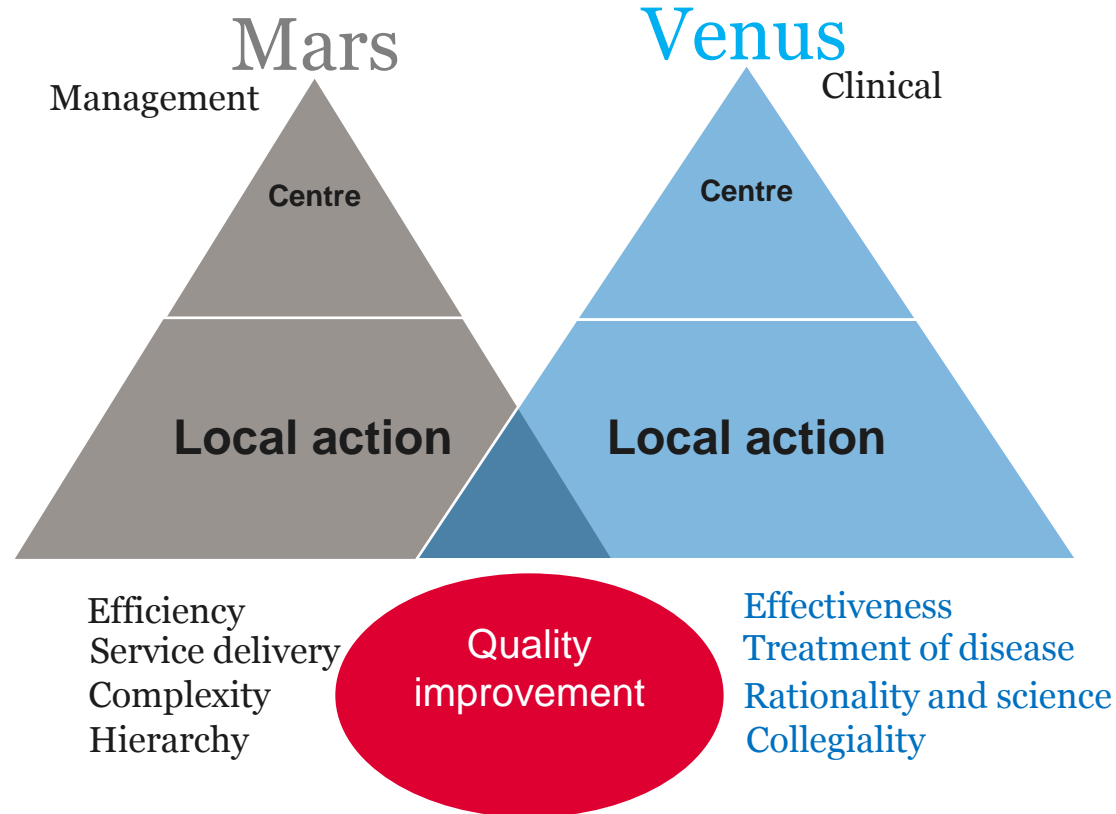
*“ Major change emerges from aggregation of marginal gains”*



# Learning health system



# Different worlds

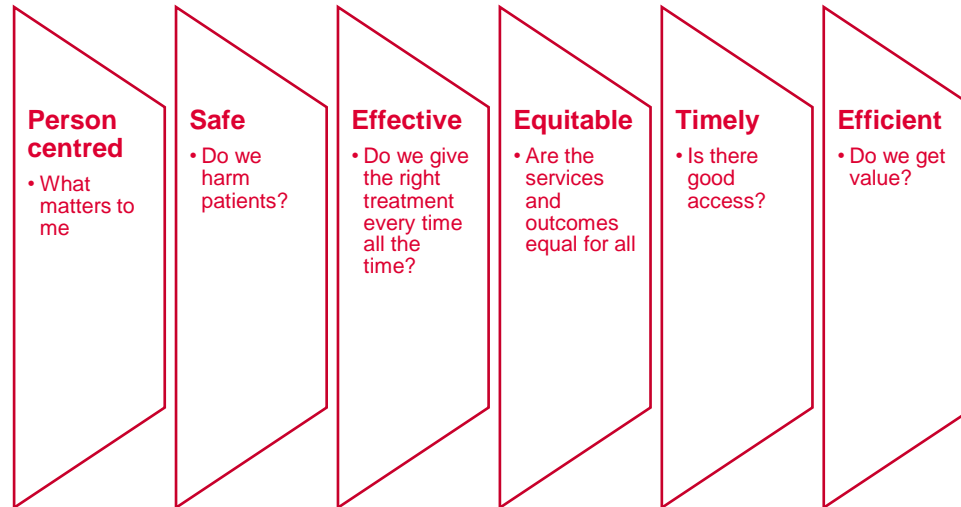


# What is quality improvement?

Quality Improvement can be defined as the:

“combined and unceasing efforts of everyone – healthcare professionals, patients and their families, researchers, payers, planners and educators – to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development”

# Domains of Quality



# Just like caring for a patient...

To improve a patient's health status a clinician:

Assesses

Diagnoses

Treats

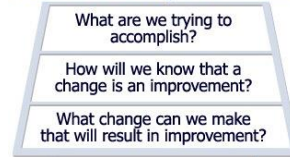
Follow up review

- Quality Improvement uses similar principles
- Certain investigations and treatments are needed for particular problems



# Some improvement methods and approaches

## Model for Improvement



Model for Improvement helps decide upon improvement and measures. Three fundamental questions, asked and addressed in any order



PDCA used to introduce and test potential quality improvements on a small scale. Implement change and evaluate



Lean seeks to improve flow in the value stream and eliminate waste. Six sigma uses the framework Define, measure, analyse, improve and control (DMAIC), with statistical tools, to uncover and understand root causes of variation and reduce them

the **ebd** approach

experience based design  
Using patient and staff experience to design better healthcare services

Experience based co-design used to map, understand and improve patient and staff experience and identify what matters with 'users'



# Quality improvement: basic process

Pathway focus

Mapping pathway

Skills BUT 80% relational:20% technical

Identify priorities

Design solutions, metrics, data

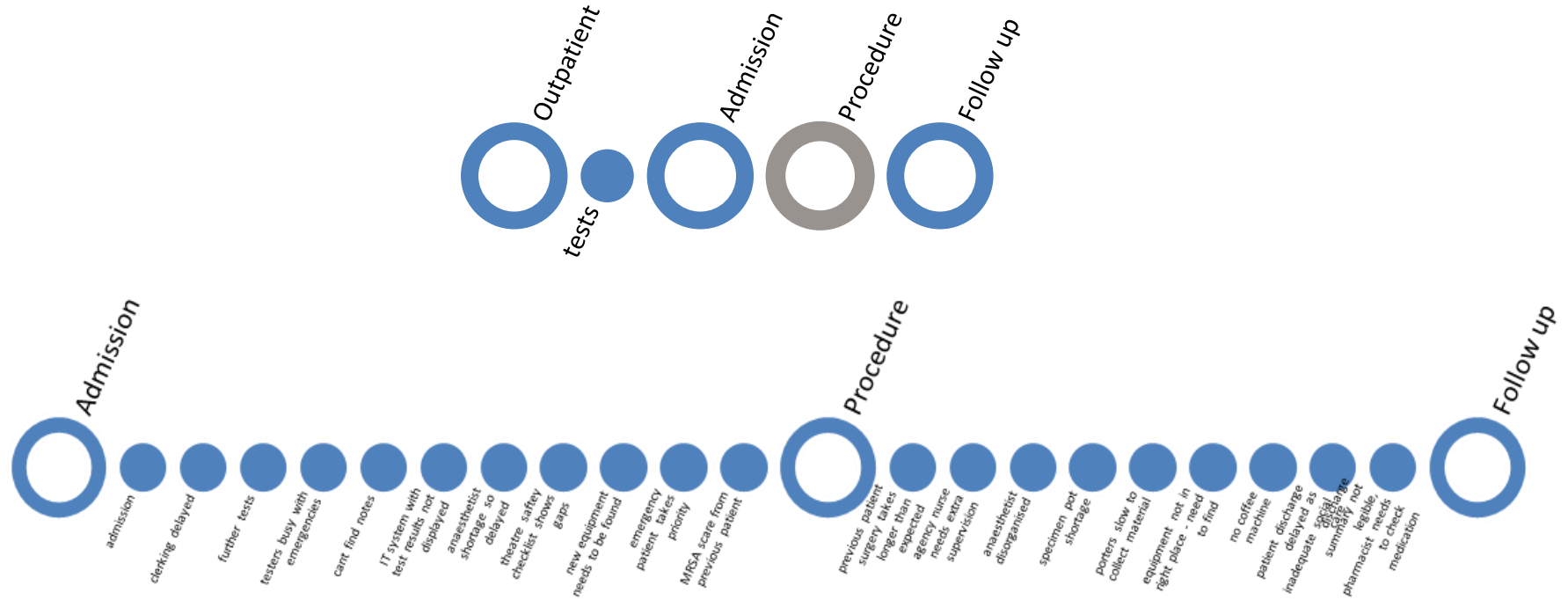
Test of change and course correction

Benchmark and celebrate learning

“That’s a problem. Somebody should fix it” to “  
That’s a problem. How can I help fix it?”

Quality  
improvement

# Your experience of a patient pathway





# Patient experience of their pathway



# Research vs. Audit vs. Improvement

## Research

- **Finding out what you ought to be doing:** Research attempts to answer a question to generate new knowledge to generalise beyond the sample of the population upon which the research is based. This evidence contributes to guidelines and standards i.e. what practice should be.

## Audit

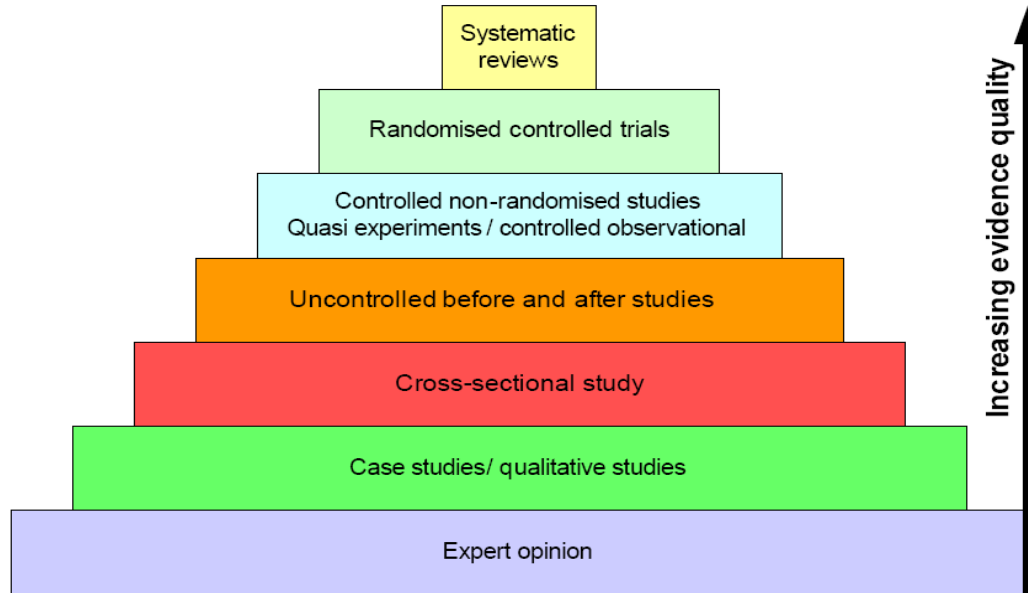
- **Finding out if you are doing the 'right thing':** A clinical audit is a way to understand whether a service is meeting defined standards of best practice. It identifies opportunities for improvement.

## Quality Improvement

- **Finding out how well you are doing something and making changes:** Understanding how well outcomes are being met through assessing current practice and implementing initiatives to promote change or maintain good practice.

# Hierarchy of evidence

Hierarchy of evidence (adapted from Newman and Davies 2009)



# Developing the science

Comment

THIS.Institute

## Offline: Apostasy against the public health elites

"Epidemiology is built on a history of convincing experiments...We need to get better at using randomised controlled trials as knowledge translation in the public health field", wrote Anne Cockcroft last year. Who could disagree? The centrality of randomised evidence is firmly established for evaluating interventions and their application in clinical medicine. The same is true in public health. But any clinician or public health practitioner knows that there is more to evidence than the results of a precious randomised trial. Yet to say so publicly sometimes feels like an atrocious heresy. Last week, The Health Foundation convened an assembly of heretics to make the case for a deeper appreciation of different forms of evidence for public health. Casting aside the shackles of orthodoxy made for a joyous evening.

Alex Mold is a historian at the London School of Hygiene & Tropical Medicine. "History", she argued, "can offer powerful insight into the present by demonstrating what did and did not work in the past, and why." History introduces the perspective of change and continuity over time. It privileges context—political, economic and social. It takes seriously the experiences of individuals and communities. History reveals how public health policies are often imposed by one powerful class over another more disadvantaged group. It shows how public health actions can sometimes make lives worse. Brendan McGettrick is a curator and designer. He emphasised the importance of interaction. Disturbing the senses. Encouraging "a spirit of creativity." Fusing imagination with technical rigour. Demonstrating the value of design, discovery, concept development, and user testing. Judging those designs against criteria of originality, social impact, international relevance, and feasibility—"emphasising what a work does, rather than simply what it is." "The best exhibitions change lives". "They fascinate and frighten and motivate." Marisa de Andrade directs the Centre for Creative-Relational Inquiry at the University of Edinburgh. She told the story of Jermina who used food to make herself unattractive. Being overweight made her feel safe. Assertive public health messages about restricting calorie intake or promoting physical activity missed the point. They ignored a person's unique circumstances,

their anxieties, and the strategies they use to defeat distress—"validating the feet". It is Jermina who decides what evidence matters to her. The goal should be to bring "participants' knowledge claims, lived experiences, and voices to the research". John Coggon co-directs the Centre for Health, Law, and Society at the University of Bristol. Public health demands social coordination. Law provides authority and legitimacy. It constrains. It is a necessary part of public health. Legal rules and regulations offer a different and no less important system of knowledge than the evidence derived from traditional experimentation. Law's modes of reasoning can feel anti-scientific. Law is messy, mirroring the chaos of our lives. Law is political. It is a strong determinant of our society. Laws "support and limit public health agendas". Corinna Hawkes directs the Centre for Food Policy at City, University of London. "There is no single magic bullet" to solve our public health challenges. Each of us lives within complex interconnecting systems. The first task is to discover how the system affects the problem we are trying to address. For example, there is often a "misalignment between economic and health goals" and "one cannot do a randomised trial of conflicts between goals". Second, how do policies actually work in practice? Third, how do people affected by a particular public health challenge experience the system? "It's not just what we do, it's how we do it."

The Health Foundation called its evening of blasphemy "X Factor for Evidence for the Public's Health", after the popular television show. The audience, together with an expert panel—including Ilona Kickbusch, Merve Davies, and Ed Whiting—voted for their preferred pitch. Who won wasn't the point. What mattered was the common view that public health science needed to pay more attention to the lived experiences of people in societies. Public health needed to recognise the importance of identity, reasoning, and voice. Public health today is crudely reductionist, often ignoring or denying the lives of those it purports to defend. Public health has evolved into an elitist endeavour, more concerned with its own power, reputation, and survival. It's time for some apostasy.

Richard Horton  
richard.horton@lancet.com



# Quality improvement in England: Progress but underdeveloped strategy



A committed community working together to improve health and create a healthier future.



The Voice of Transplantation in the UK



Royal College of Physicians



HQIP

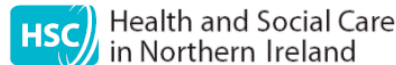
Healthcare Quality Improvement Partnership



QI Ready



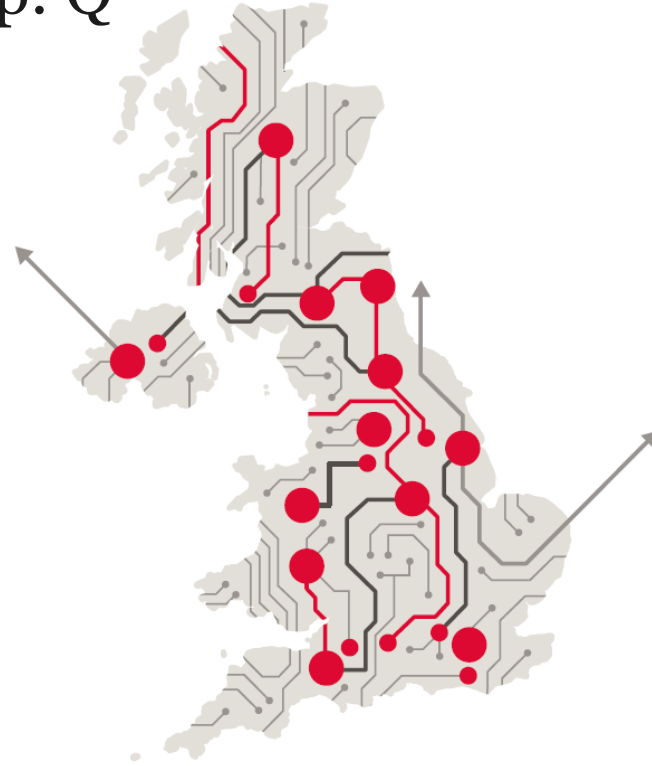
The **AHSN** Network



# National support and leadership: Q

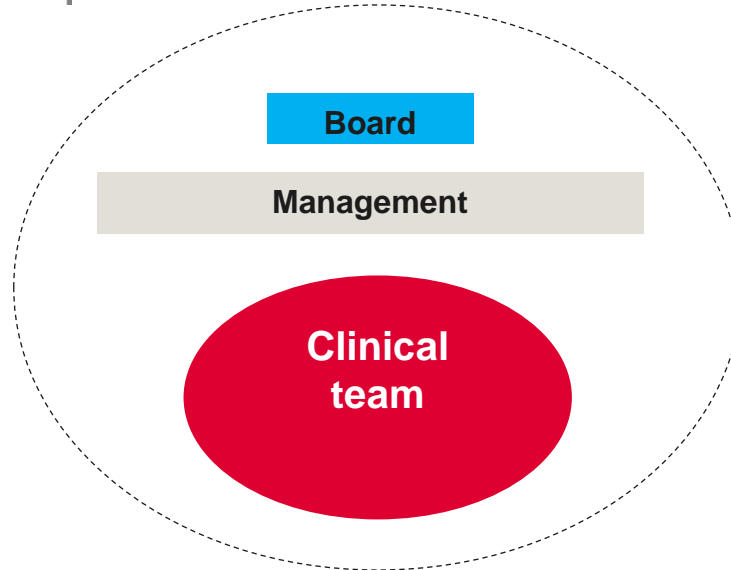
UK wide long term 'home'  
connecting those doing  
improvement from across the UK

Supports people in their existing  
improvement work: making it  
easier to share ideas, enhance  
skills and make changes that  
benefit patients



# Important ingredients

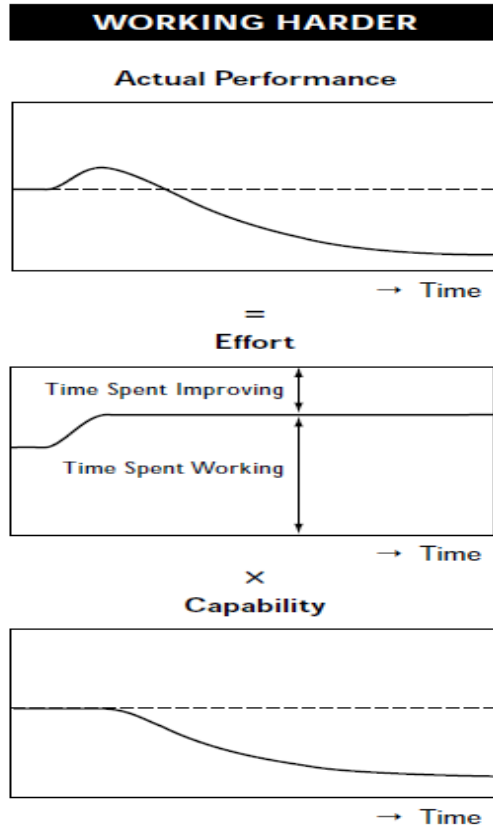
- Specialised team offering support
- Led by clinicians (leadership development)
- Standardised approach
- Data and metrics
- Values and norms unifying Boards and wards
- Good-enough management



Local health economy

National context

# Better work environment

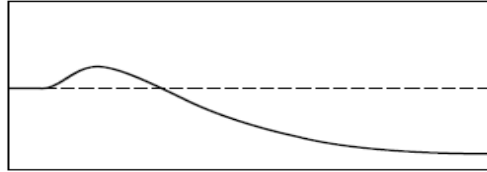




# Better work environment

## WORKING HARDER

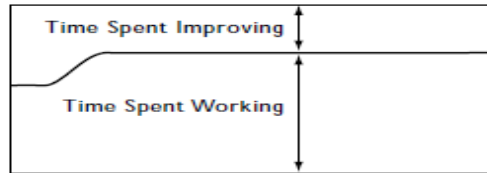
Actual Performance



→ Time

=

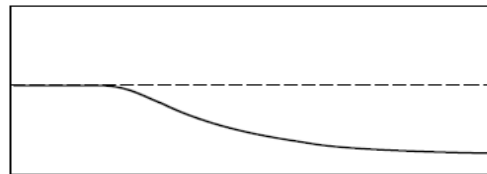
Effort



→ Time

×

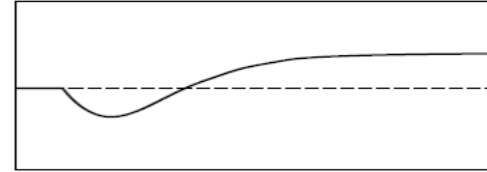
Capability



→ Time

## WORKING SMARTER

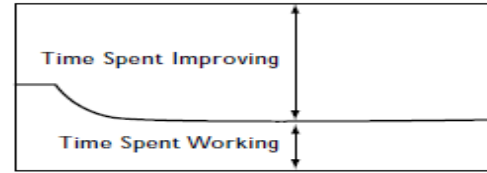
Actual Performance



→ Time

=

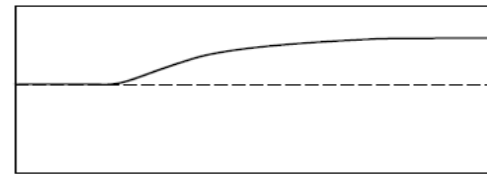
Effort



→ Time

×

Capability



→ Time

# Your job just got wider

Standardisation, reliability yet...

OPINION

## Doctors, Revolt!



Dr. Bernard Lown, 96, at home in Newton, Mass. A celebrated pioneer in cardiology, Dr. Lown laments that modern medicine too often disregards the healing aspect.

# Conclusion

# Thank you

[www.health.org.uk](http://www.health.org.uk)

